



South African MEDICAL
RESEARCH COUNCIL



BUILDING A HEALTHY NATION THROUGH RESEARCH

Sexual violence: using research for policy development & implementation



Historical Problems with South African rape services

- **District surgeon system:** riddled with racial prejudice; untrained staff; unsympathetic & judgemental; quality of care poor
- **1999** – policy change: care provided by ‘any doctor’ – policy of rape care as part of PHC with clinics as first line level of service provision. Some forensic nurse training (with variable deployment)
- New initiative to deal with rape from Dept. Of Justice – Thuthuzela Centres – one-stop centres based in district hospitals aiming to improve legal case management – not medical

South African Gender-based Violence & Health Initiative (SAGBVHI)

- SAGBVHI was formed in 2000 with funding from a Rockefeller Millennium Health Award (to R Jewkes of Medical Research Council)
- Partnership of 15 individuals & organisations working at gender-based violence & health interface
- Included: researchers; clinicians (forensic medicine & nursing); advocates; trainers;
- Aim: to contribute to building an effective the health service response to gender-based violence through research, advocacy & training

SAGBVHI & the DoH

- Initiated meetings from the inception of SAGBVHI with key DoH staff
- Organised a workshop with national & provincial stakeholders to learn what was being done in Provinces with DoH
- A key theme from the workshop was that no one really seemed to know what was the quality of rape health services and the DoH expressed the need for a situation analysis and asked SAGBVHI to do it...

Situation analysis of rape services : key findings

- Facilities: lacked privacy, facilities & proper equipment
- Workload variable: 21% staff >100 victim/survivors per year; 30% <20 cases
- Training: 70% of staff had none; 43% had seen a protocol
- Attitudes: 33% rape not 'a serious medical problem'
- Clinical competence: 88% 'treated' STIs but only 35% named correct drugs for this
- Factors associated with higher quality of care: provider attitudes; having a management protocol; & higher caseload
- **Implications:** training, policy & service provision at a level high enough to secure caseload and good facilities were needed

Using research to develop the new model

- Started discussions on shared vision of quality services and discussions around a new model of care
- Workshops with DoH & SAGBVHI & a huge range of stakeholders
- Areas of agreement and areas of uncertainty in new model
- Uncertainty: access – would poor women travel for better care?
- Was providing HIV testing and PEP a potential barrier to care seeking? Would women want PEP without HIV testing? Could we contemplate giving it?

Second project: women's preferences for services after rape using discrete choice analysis

(Collaboration with Women's Health Project & Centre for Health Policy at Wits)

- Results of the random effects probit models (what determined choice of service):
 - PEP and HIV test was most important
 - PEP without HIV test was preferred to no PEP
 - Attitudes of the provider (and skills) was next most important
 - A longer examination with M/L evidence collected was preferred
 - More return visits to the facility welcomed (for counselling)
 - Overall decisions were NOT made on travel time (up to 3 hours)
- We also did a cost effectiveness model for PEP and showed it to be affordable

Writing the policy & products from the process

- DoH identified the need for a new policy on Sexual Assault Care and clinical management guidelines
- SAGBVHI members were invited to join (and Chair) the drafting committee for these
- Drafted in consultative process over ~ 2 years
- Policy & CMG released by the Minister in March 2005
- Researchers also wrote peer reviewed journal publications (papers in World Health Bulletin & British Medical Journal) & other publications
- Situation analysis tools published through SVRI & shared with other countries via a WHO multi-country project

Research: Tracking Justice

(collaboration with Tshwaranang and CSVr)

- Review of police dockets, court records & medico-legal forms from rape cases reported to the police in 2003
- Objective of the research:
 - To describe the attrition of cases from reporting to sentencing
 - To determine the role of medico-legal evidence in case progression and legal outcomes

Methods

- A random sample of 70 police stations from Gauteng province
- Probability proportional to size of the police station
- 30 rape docket were selected using systematic sampling of all closed rape docket that are available in the station
- Data collected from 2064 docket

**Attrition in the criminal justice system
(n=1552 cases of completed rape of adults 18+
yrs and children<18 years)**

	Adults		Child	
	n	%	n	%
Opening case	951		596	
Suspect arrested or asked to appear in court	430	45.2	341	57.2
Charged in court	365	38.4	284	47.7
Trial commenced	101	10.6	108	18.1
Found guilty of sexual offence	31	3.3	44	7.4
Sentenced to imprisonment	30	3.2	24	4.0

Attrition in handling and processing forensic evidence

	Adults		Child	
	n	%	n	%
J88 completed & available	951		596	
Forensic kit completed	868	91.3	377	63.3
Forensic specs sent to lab	659	69.3	273	45.8
Suspect's blood obtained	84	8.9	54	9.3
Report from forensic lab on DNA	10	1.1	12	2.0

Impact of tracking justice study

- Supt. Anton Lucassen, Forensic Analyst, DNA Database– Forensic Science Laboratory (FSL)
 - studying the results in detail in order to find the weak points within the FSL.
 - it provided them with “immense insight” into the system and they are making a deliberate effort to correct problems identified including working closely with police stations and that they are planning a ‘roadshow’ to try and improve their services.
- Advocate Brandon Lawrence of the National Prosecuting Authority, SOCA Unit
 - Very similar sentiments

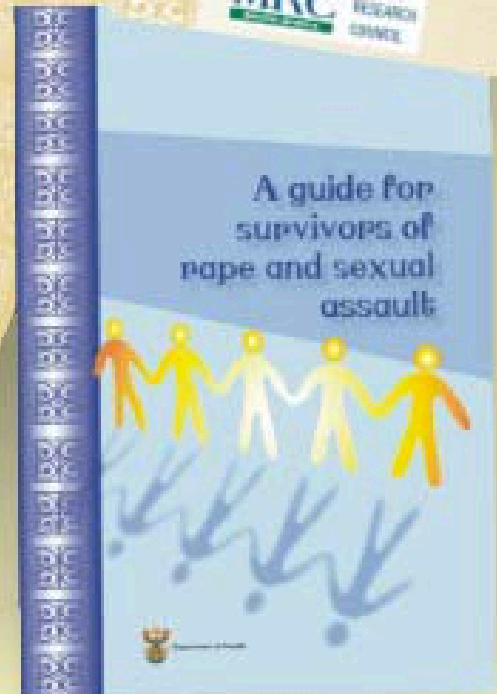
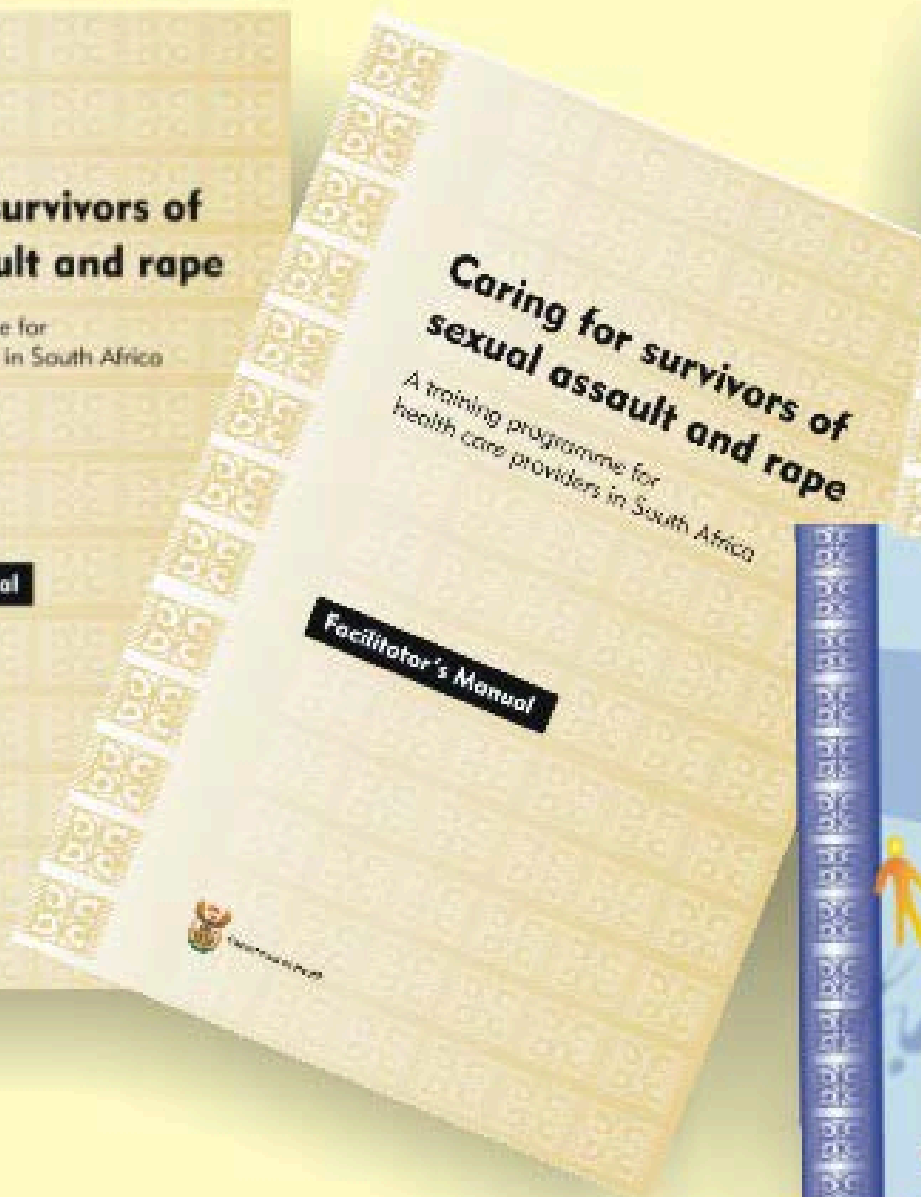
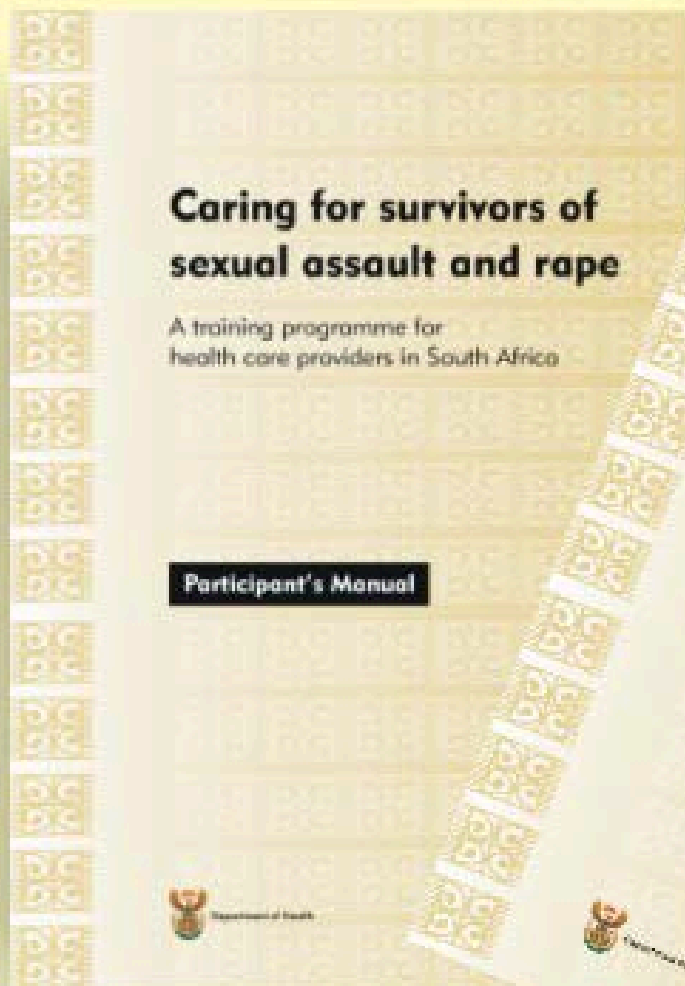
Key results

- Medical documentation of injury & expert testimony in court does influence case progression and outcomes
 - Documentation of non-genital and genital injuries influenced whether children's cases went to trial (OR 5.83; 1.87-18.13, P=0.003)
 - Documentation of:
 - non-genital injuries (aOR 6.25 95%CI 1.14-34.30, p=0.036)
 - ano-genital injuries (aOR 7.00 95%CI 1.44-33.9, p=0.017),
 - and both types (aOR 12.34 95%CI 2.87-53.0, p=0.001)in adults were associated with a conviction
- DNA was not associated with case progression and outcomes, perhaps because it was almost never available, only 2% of cases had a report from the lab

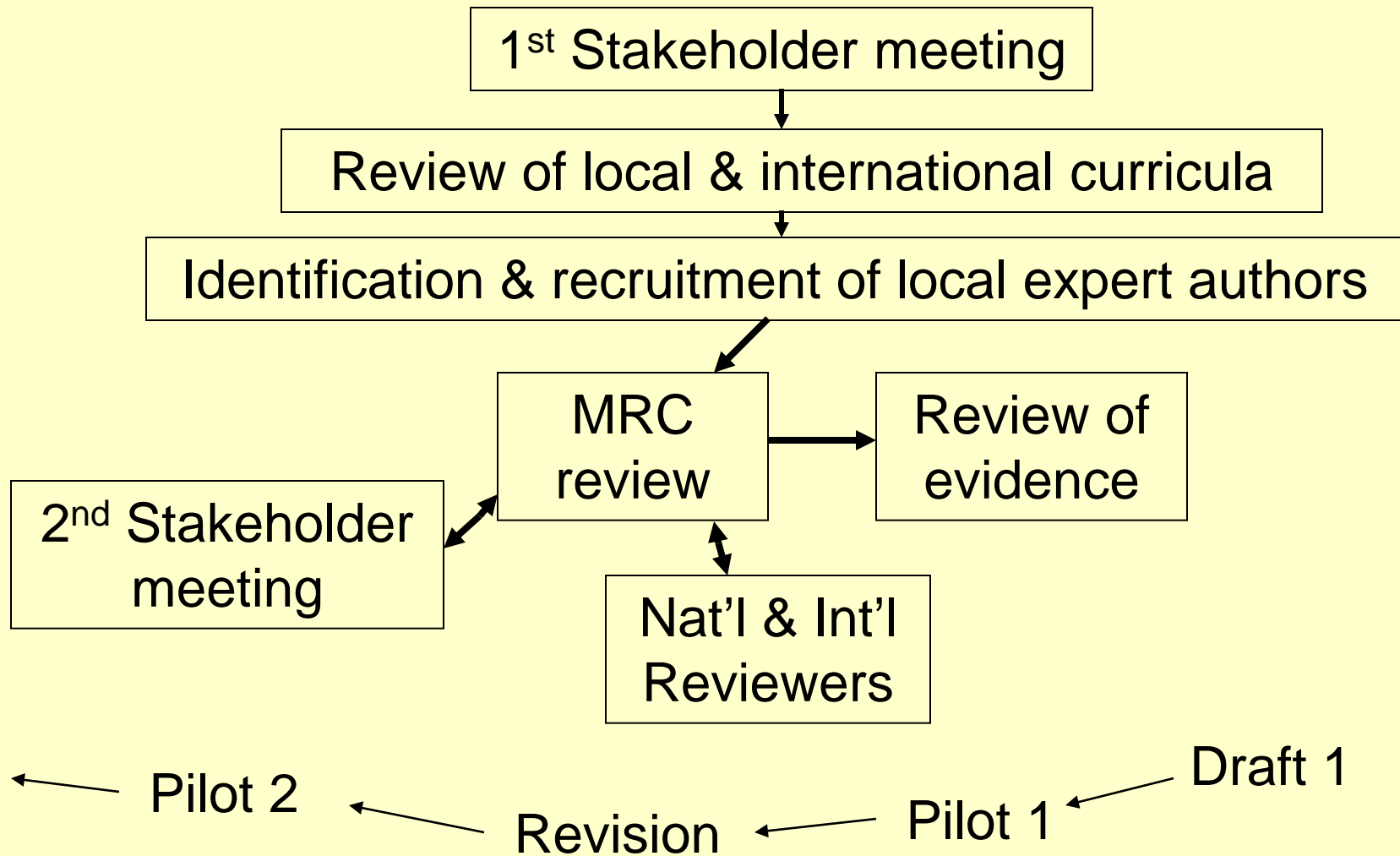
Conclusions

- Good basic medical practices in assist courts in rape cases
- Forensic labs and police are not working optimally
- Health care providers need to be trained to provide high quality health care responses after rape ...

Evidence-based in-service training on post-rape care



Developing & piloting in-service training post-rape care



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Training methodology

- Draws on adult education principles
 - Freire – critical reflection
 - Small group work
 - Case studies
 - Role plays
 - Videos
- 10 days and a practical component

Structure & content of training

Module 1: Social context of rape in SA

Circumstances,
context & magnitude

Sexual Rights

Rape & the Law

Module 2: Initial approach to rape survivor

Communication skills

Taking history & obtaining consent

Module 3: Managing Health problems

Mental Health

Prevention & management of
pregnancy, infectious diseases & HIV

Module 4: Examination & Documentation

Medico-legal
examination

Non-genital
injuries

Examining
children

Forensic
evidence

Document
-ation

Module 5: After the initial consultation

Follow up visits

Vicarious
trauma

Giving expert testimony in court

Monitoring & evaluation of service

Developing skills in giving evidence in court





4 Pilot trainings – 8 provinces

Feb. – May 2008

Evaluation



3rd Stakeholder meeting - 23-24 October

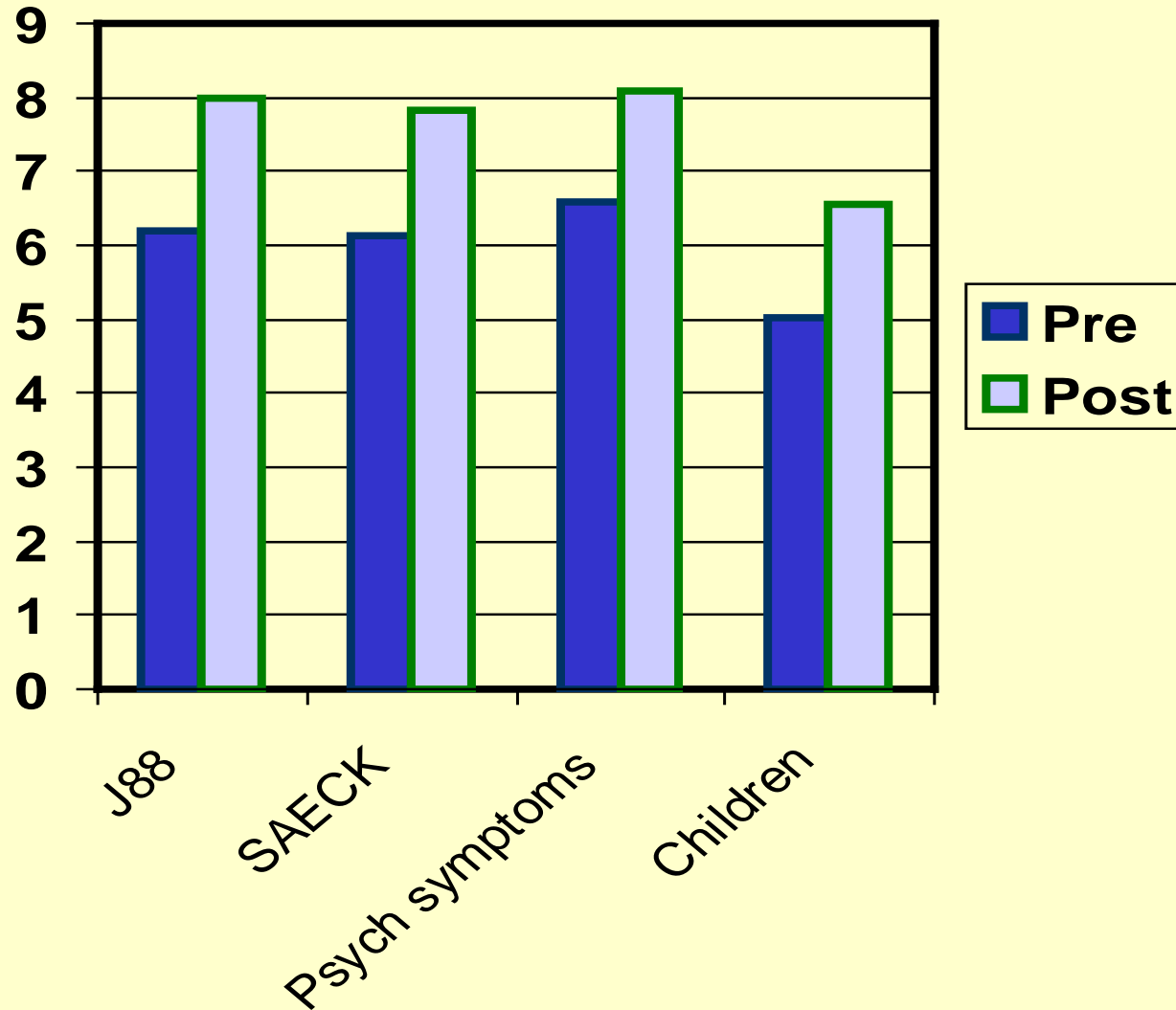
Evaluation

- Evaluation – pre- & post assessments & qualitative component
 - Attitude survey self-administered at baseline, 1st post assessment immediately after training, 2nd at 3 months
 - Knowledge assessment pre- and post-training
 - Qualitative interviews & observation in services where health care providers were trained

Impact of training

- Change in mean knowledge score pre & post training:
 - Pre-test: 27 (Range: 13 – 49)
 - Post-test: 35 (Range: 17 – 54) $p < 0.01$
- Change in attitudes towards rape ($p = 0.0001$)

Increased level of confidence in all aspects of post-rape care



* All statistically significant differences at 99% CI

Next steps ...



SVRI initiative

Ford Project: **Strengthening Responses to Rape – A Global Project**

- The project builds on four components: partnership, training, policy, and research.
- The first phase is to promote the development of working partnerships among policy makers, service providers and trainers, and women's advocates within countries.
- Through Sexual Violence Research Initiative networks and partnerships, seven multi-disciplinary teams have been established in Rwanda, Zimbabwe, Zambia, Uganda, Malawi, Kenya, and Nigeria.
- Team members represent the health, justice and policing sectors from their countries.
- Training course held in Feb 2009 with 45 people from 7 countries in Pretoria
- Training course in July 2009 with ~45 people held in Harare, Zimbabwe
- Since then we have been working to support policy and service development